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DECLARATION	FOR UTILI	TY OR	First Named Inventor						
DES	SIGN	<u> </u>							
PATENT AF	PPLICATIO	N	COMPLETE IF KNOWN						
(37 CF	ļ-	Application Number							
Declaration		ation	Filing Date						
Submitted OR With Initial		ed after Initial curcharge	Art Unit						
Filing	(37 CFF required	R 1.16 (e))	Examiner Name						
	require	9/		-					
I hereby declare that:									
Each inventor's residence, ma	uling address, a	and citizenship are a	s stated below next to	their name.					
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
DEVICE AND	METHI	A OT OC	SSIST IN	PUTTIN	B ON				
DEVICE AND METHOD TO ASSIST IN PUTTING ON TUBULAR GARMENTS OR COUERINGS, FOR EXAMPLE,									
SOCKS AND CONDOMS AND GIOVES									
SOCKS HIOD COINDOWS HIND GIVES									
(Title of the Invention)									
the specification of which									
is attached hereto									
OR									
OR									
	···		as United States A	onlication Numbe	or or BCT International				
OR was filed on (MM/DD/Y	YYY)		as United States A	pplication Numbe	er or PCT International				
	YYY)	and was amended	as United States A	pplication Numbe	er or PCT International (if applicable).				
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below									
Name John Unsworth									
Address 7 Innovation Drive, Suite 107									
city Flambor	ough		State	nto	بدرز	>	L9H7H9		
Canada	·	Telephone	662	7 Fax	05	68	9 2200		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor									
Given Name				Family					
(first and middle [if any])	John	Do		or Sum	ame	Ur	isworth		
Inventor's	. •	+-					Date		
Signature 1 oll	L Ums	worth					10/24/03		
Residence: City	State	_	Country			Citizer	nship		
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
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Inventor's Signature	5	5					Date 6 24 6 3		
Residence: City Toronto	State Ont	ario	Country	nada	رُ	Citizer	nship nadia 1		
Mailing Address 46 Admiral Road									
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Additional inventors or a legal rep	resentative are bei	ng named on the	supplementa	I sheet(s) PT	O/SB/02A	or 02LR a	attached hereto.		